

APPLICATION FOR VARIANCE

State Form 44400 (R7 / 10-13) Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp_bs_comm_code/



INSTRUCTIONS: Please refer to the attached four (4) page instructions. Attach additional pages as needed to complete this application.	Variance number (Assigned by department) 1 ← - ○ 7 - ○ 1		
1. APPLICANT INFORMATION (Person who would be in violation if variance is not granted; usually this is the owner)			
Name of applicant	Title		
Newtown Community Church Inc.	Talankanananahan		
Name of organization New town Community Church Inc. Address (number and street, city, state, and ZIP code)	Telephone number (765) 295-2364 (Church pt		
210 W. Washington St. POBOX 38 Newtown, IN 47969			
2. PERSON SUBMITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submitted by			
Name of applicant	Title		
George Sanson	Trustechairman		
Name of organization New town Community Church Inc. Address (number and street, city, state, and ZIP code)	(165) 424-5875 (George S.)		
Address (number and street, city, state, and ZIP code) 210 W. Washington St. PD Box 38 Newtown, IN 47969			
3. DESIGN PROFESSIONAL OF RECORD (If applicable)			
Name of design professional	License number		
Name of organization	Telephone number		
	()		
Address (number and street, city, state, and ZIP code)			
4. PROJECT IDENTIFICATION			
Name of project Chair lift Installation Address of site (number and street, city, state, and ZIP code) 210 W. Washington St. Newtown IN 47 Type of project	State project number County Fountain		
Address of site (number and street, city, state, and ZIP code)			
	Type of project		
Type of project	, .		
Type of project			
New ☑ Addition ☐ Alteration ☐ Change of occupancy	☐ Existing		
Type of project			
New Addition Alteration Change of occupancy 5. REQUIRED ADDITIONAL INFORMATION The following required information has been included with this application (check as applicable):	☐ Existing		
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7. DESCRIPTION OF REQUESTED VARIANCE			
Name of code or standard and edition involved	Specific code section		
See attached sheet and pictures with description of spaces, equipment, etc. involved as necessary.) See attached sheet and pictures with description on back side.			
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WI	FLEARE WILL BE PROTECTED		
Select one of the following statements:			
Non-compliance with the rule will not be adverse to the public health, safety or welfare; or			
Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).			
Facts demonstrating that the above selected statement is true:			
Even though we are proposing to install this chair lift			
at the primary entrance to the basement we do have two			
other exits out of the basement.			
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORICALLY SIGNIFICANT STRUCTURE			
Select at least one of the following statements:			
Imposition of the rule would result in an undue hardship (unusual difficulty) because of physical limitations of the construction site or its utility services.			
Imposition of the rule would result in an undue hardship (unusual			
Imposition of the rule would result in an undue hardship (unusua.	I difficulty) because of excessive costs of additional of	r altered construction elements.	
Imposition of the rule would prevent the preservation of an architecturally or a historically significant part of the building or structure.			
Facts demonstrating that the above selected statement is true:			
We have many in our congregation that are elderly and have			
We have many in our congregation that are elderly and have physical limitations. It is difficult if not impossible for them			
to go from our santuary to the basement where we note			
to go from our santuary to the basement where we hold fellowship. The basement level also has one of our two restroom facilities.			
10. STATEMENT OF ACCURACY			
I hereby certify under penalty of perjury that the information contained in this application is accurate.			
Signature of applicant or person submitting application	Please print name	Date of signature (month, day, year)	
Signature of design professional (If applicable)	Glorge Sanson Please print name	05-34-3016 Date of signature (month, day, year)	
orgination or design professional to approach			
11. STATEMENT OF AWARENESS (If the application is submitted on the applicant's behalf, the applicant must sign the following statement.)			
I hereby certify under penalty of perjury that I am aware of this request for variance and that this application is being submitted on my behalf.			
Signature of applicant	Please print name	Date of signature (month, day, year)	

Please find enclosed pictures taken of our stairways where we would like to install the chair lift, and pictures showing the other entrances and exits from our building.

Each picture has a description on the back side.

The "red carpet" stairs or upper set of stairs comes from the sanctuary to the landing.

The red carpet or upper stairway is 65" wide and 84" (7 ft.) long with 7 steps.

The "brown carpet" or lower set of stairs goes from the landing to the basement.

The brown carpet or lower stairway is 44" wide and 120" (10 ft.) long with 10 steps.

The landing is 56 x 114.

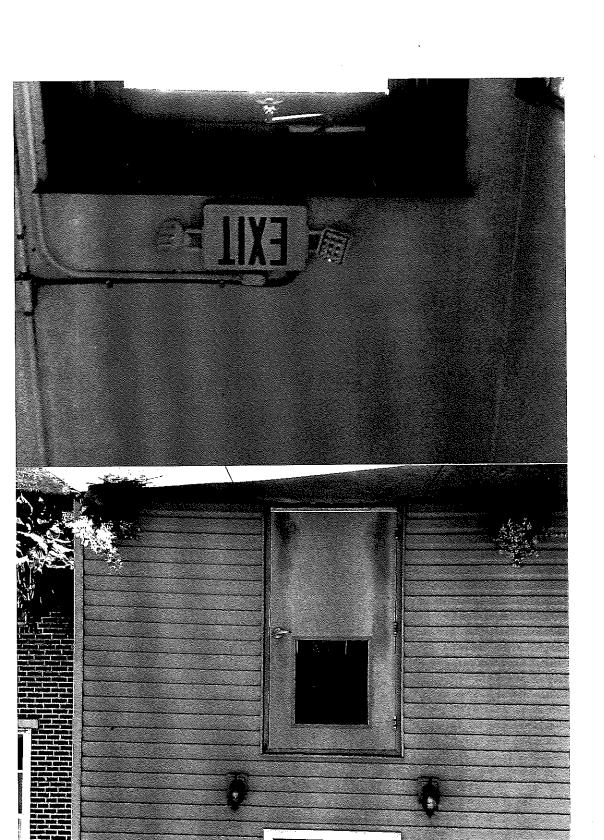
This chairlift would be on both sets of stairs, as it is needed to take people from the sanctuary to the basement, and back up.

We have chosen this chair lift over two other companies since the weight capacity on this one is much higher.

We will be consulting with our insurance company as well to make sure we know our coverage and cost from that aspect.

Please feel free to contact me with any questions, I can be reached at (765) 426-5875.

Thank you, George Sanson, Trustee Chairman





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